

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 3-2				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000001				
Contract Number EP-W-08-019			Contract Period 03/11/2008 To 03/10/2012			Title of Work Assignment/SF Site Name				
			Base                      Option Period Number    3							
Contractor RESEARCH TRIANGLE INSTITUTE					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval					Period of Performance  From 03/11/2011 To 12/31/2011					
Comments: The purpose of this amendment is to approve the contractor's work plan and cost estimate dated March 31, 2011. In addition, the work assignment manager is changed from Colleen Mason to Jason Lynch.										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO <input type="checkbox"/> (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:				LOE: 196				
03/11/2008 To 03/10/2012										
This Action:						10				
Total:						206				
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:		LOE:				
Cumulative Approved:				Cost/Fee:		LOE:				
Work Assignment Manager Name Jason Lynch						Branch/Mail Code:				
						Phone Number 202-343-9257				
_____ (Signature)                      (Date)						FAX Number:				
Project Officer Name Ryan Daniels						Branch/Mail Code:				
						Phone Number: 202-564-6476				
_____ (Signature)                      (Date)						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
						Phone Number:				
_____ (Signature)                      (Date)						FAX Number:				
Contracting Official Name Debra A. Miller						Branch/Mail Code:				
						Phone Number: 202-564-1041				
_____ (Signature)                      (Date)						FAX Number:				